

FL Suicide Prevention Subcommittee Meeting-Mobile Response Teams

Currently:

- 51 MRTS Teams in the State – 7 MEs who oversee those teams
- Over 36 million in funding
- 22-23 - 26, 312 MRT Total Calls (include more granular information on triaged calls, de-escalation over the phone, 988 calls referred to MRT, calls received from minors versus adults-covered in children's subcommittee?)

82% Avoided a BakerAct

25% were calls from schools/educational setting

Recommendations:

988 → MRT

- Communication and partnership building between providers on the full continuum of crisis care
 - 988 → MRT → Crisis Stabilization
 - Support for the development of MOUs between crisis care programs (988, CSUs, etc.) Standardizing expectations across the state for when 988 calls will be referred to MRT (under development through the Department and the 988 Implementation grant)
 - Clarity on the roles of each level of care
 - Improved communication for bidirectional referrals between 988 and MRT
 - Regular updates between MRT and 988
- Addressing possible barriers (e.g., HIPAA concerns) to communication between MRTs and 988 centers regarding referrals and care coordination
- Consistent guidance on warm handoffs between 988 line and MRTs; i.e. finding alternatives to 988 call ending and relying on caller to contact MRT
- Consistency in language and best practices among MRT programs - 988 Centers having clarity on when and how best to utilize MRT services
- Clarity on how 988 and MRT teams collaborate with other mobile response programs (e.g., co-responder teams)

MRT Specific - Opportunities for Growth

- Exploring means of transporting clients that do not involve law enforcement (such as medical transport where possible)
- Workforce development - addressing promotion and long-term support of crisis work as a career within the mental health field in the community
- Clarity for community mental health agencies/organizations and clients on expectations of MRTs
- Expand role of peer specialists in the full continuum of care, [how can EMTs/paramedics be involved?](#)
- Building knowledge base for MRT providers and clients about resources and programs available (e.g., First Episode Psychosis programs, FACT Teams)
- Ensure that MRT is a trusted resource in the community; i.e. educate public on how MRT is connected with resources and systems community members already use
- Addressing disparities in MRT distribution throughout larger/rural counties that lead to delays in responses